EXHIBIT

"3"

CORONAVIRUS DISEASE 2019 (COVID-19) INMATE SCREENING TOOL

1. Assess the	e Risk Of Exposure	
□ Yes □ No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? <u>Link to CDC Criteria</u>	
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?	
If the answer to ALL the above risk of exposure questions is NO, then STOP here and proceed with normal intake. If the answer to ANY of the above risk of exposure questions is YES, then immediately assess symptoms.		
2. Assess Sym	ptoms	Date of Onset:
□ Yes □ No	Fever (Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).	
☐ Yes ☐ No	Cough	
☐ Yes ☐ No	Shortness of Breath (SOB)	
3. Implement Infection Prevention Control Measures if YES to the above questions in (2).		
3a. The Sy	mptomatic Patient	
If the patient has any symptoms, implement Standard, Contact, and Airborne Precautions with Eye Protection Report case promptly to facility leadership, infection prevention and control (IPC), public health and Regional and Central Office QIIPC Consultants. Place a surgical mask on the patient and minimize proximity to staff and inmates All staff escorting, evaluating, or in close contact (6 ft.) with the patient should perform hand hygiene, put on gloves, gown, fit-tested respirator (N-95), goggles or face shield and gloves before room entry or inmate contact. Inmate will wear a surgical mask. Doffing: gloves, gown, exit room, doff face shield then N-95 and wash hands. Escort patient to a certified Airborne Infection Isolation (AII) room. If no AII room is available, isolate in room with door closed and preferably air is exhausted outside. Prepare for transport to a designated referral healthcare facility in coordination with the local public health authority (do not call for transport service without prior notification and escort in place to move inmate). Minimize and keep a log of all persons interacting with (6ft.) or caring for, the inmate. Once the AII room is empty for two hours, it can be cleaned and disinfected with an EPA registered disinfectant (Emerging viral pathogens claim), by a person in proper PPE.		
☐ Waste disposal: Double bag trash as hazardous waste. Linens: Double bag in linen hazard bag for washing in central laundry		
	ymptomatic Patient	
-	as no symptoms house in a single cell, and implement Standard, Contact and Droplet	t Precautions
with Eye Protection Report case to facility leadership, QIICP, public health and Regional and Central Office QIIPC Consultants.		
☐ House pat contact Re ☐ Limit # of ☐ Documen non-conta	cient in a single cell. The preferred location is within Health Services. If unable to house patien egional and Central Office Infection Prevention and Control Consultants. persons interacting with inmate. Utilize social distancing (6 ft.). ta daily symptom assessment and temperature (Inmate can self-monitor with disposable therroot thermometer. Utilize disposable food trays. Have inmate clean and disinfect room daily wit possible. Trash will be double bagged out of room.	t in a single cell mometer or use
☐ Staff ente wear a su	Staff entering room will perform hand hygiene, wear a gown, surgical mask, goggles or face shield and gloves. Inmate will wear a surgical mask. Remove PPE, except face shield and mask at exit. Outside room, remove mask and wash hands. Continue modified housing and observation procedures until 14 days after the last possible exposure date. If at any time the patient becomes symptomatic, implement the steps in 3a – The Symptomatic Patient.	
·	Last, First):Registration #	
Provider Name	/Signature: Date:	

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